



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 27, 2007

Dave Barclay, Administrator
Tenabo Homes Assisted Living
3755 High Grove Lane
Nampa, ID 83687

License #: Rc-848

Dear Mr. Barclay:

On March 14, 2007, a life safety code survey was conducted at Tenabo Homes Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact , Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

CL/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 19, 2007

Dave Barclay, Administrator
Tenabo Homes Assisted Living
3755 High Grove Lane
Nampa, ID 83687

Dear Mr. Barclay:

On March 14, 2007, a life safety code survey was conducted at Tenabo Homes Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 13, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes". The signature is fluid and cursive.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R848	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2007
NAME OF PROVIDER OR SUPPLIER TENABO HOMES ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2867 SOUTH BEARTOOTH PLACE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on March 14, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3CE021

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Tenabo Homes Assisted Living	Physical Address 2867 S. Beartooth Mace	Phone Number (208) 898-5886
Administrator David Barclay	City Meridian, ID	ZIP Code 83642
Survey Team Leader Chris Laumann	Survey Type Fire/Life Safety	Survey Date 3/14/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	405.B	Multi-plug adapters were found to be in use in rooms 1 and room 6.		
2.	410.02	Only one fire drill had been documented as being conducted within the last year.		
3.	415.02	No annual inspection of fuel fired heating systems had been conducted within the last year.		
4.	415.03	Portable fire extinguishers were not documented as being examined monthly.		
5.	410.01	No written agreement for relocation, could be found		

Response Required Date 4/14/07	Signature of Facility Representative <i>David Barclay</i>	Date Signed
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